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## \*BIBDATASHEET\*

CONFIRMATION NO. 6806

Bib Data Sheet

SERIAL NUMBER 10/661,011	FILING DATE 09/12/2003  RULE	CLASS 414	GROUP ART UNIT 3651	ATTORNEY DOCKET NO. 061151-9008-00
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APPLICANTS  
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\*\* CONTINUING DATA \*\*\*\*\*  
*None - [Signature]*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*None - [Signature]*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 12/04/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY NY	SHEETS DRAWING 7	TOTAL CLAIMS 39	INDEPENDENT CLAIMS 2
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TITLE  
 Storage device

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